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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23347	7590 11/18/2009 Contificate of Mailing on Transmission								
GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B482					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
FIVE MOORE DR., PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398					transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)				
		(Signature)							
						(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/539,385	06/16/2005		Sanjeet Sehmi				33159USW	4857	
TITLE OF INVENTION: BENZAZEPINE DERIVATIVES FOR THE TREATMENT OF NEUROLOGICAL DISORDERS									
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1510	\$0		\$1510		\$1510	02/18/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	3					
COLEMAN, BRENDA LIBBY		1624	514-217010						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Duke M. Fitch 2 Kathryn L. Sieburth 3 Lorraine B. Ling						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.									
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	or typ	e)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Glaxo Group Lin	Greenford, Middlesex, United Kingdom								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government									
4a. The following fee(s)	p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee			A check is enclosed. Payment by credit card. Form PTO-2038 is attached.						
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